## Senate File 2083 - Introduced

SENATE FILE 2083 BY CHELGREN

## A BILL FOR

- 1 An Act relating to reimbursement of in-network and
- 2 out-of-network providers under Medicaid managed care.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

## S.F. 2083

1 Section 1. MEDICAID MANAGED CARE - REIMBURSEMENT OF 2 IN-NETWORK AND OUT-OF-NETWORK PROVIDERS. The department of 3 human services shall adopt rules pursuant to chapter 17A and 4 shall amend all Medicaid managed care contracts to require that 5 beginning July 1, 2018, for each covered service, Medicaid 6 providers that have contracted with a Medicaid managed care 7 organization as an in-network provider be reimbursed at one 8 hundred percent of the fee-for-service reimbursement rate 9 established by the general assembly through the appropriations 10 process for the respective fiscal year, and that Medicaid 11 providers that have not contracted with a Medicaid managed care 12 organization and are considered an out-of-network provider 13 be reimbursed at ninety-five percent of the fee-for-service 14 reimbursement rate established by the general assembly through 15 the appropriations process for the respective fiscal year. 16 Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate 17 importance, takes effect upon enactment. 18 **EXPLANATION** 19 The inclusion of this explanation does not constitute agreement with the explanation's substance by the members of the general assembly. 20 21 This bill directs the department of human services (DHS) 22 to adopt rules pursuant to Code chapter 17A and amend all 23 Medicaid managed care contracts to require that beginning July 24 1, 2018, for each covered service, Medicaid providers that 25 have contracted with a Medicaid managed care organization 26 as an in-network provider be reimbursed at 100 percent of 27 the fee-for-service reimbursement rate established by the 28 general assembly through the appropriations process for the 29 respective fiscal year, and that Medicaid providers that have 30 not contracted with a Medicaid managed care organization and 31 are considered an out-of-network provider be reimbursed at 95 32 percent of the fee-for-service reimbursement rate established 33 by the general assembly through the appropriations process for 34 the respective fiscal year. 35 The bill takes effect upon enactment.